

NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT # 16-243-M	POSTMARK 10/17/2016	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION (O-ORIGINAL R-REVISED C-CANCELED): Revised					
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR):					
OWNER NAME: Lockheed Martin					
ADDRESS: 1801 State Route 17					
CITY: Owego	STATE: New York	ZIP: 13827			
CONTACT: Lee Anderson		TEL: 607.751.6019			
REMOVAL CONTRACTOR: Sunstream Corporation					
ADDRESS: 6 Spring Forest Avenue					
CITY: Binghamton	STATE: New York	ZIP: 13905			
CONTACT: Manuel Soriano		TEL: 607-724-4400			
OTHER OPERATOR:					
ADDRESS:					
CITY:	STATE:	ZIP:			
CONTACT:		TEL:			
III. TYPE OF OPERATION (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMER. RENOVATION):					
IV. IS ASBESTOS PRESENT (YES/NO): Yes					
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER):					
BLDG. NAME: Lockheed Martin					
ADDRESS: 1801 State Route 17					
CITY: Owego	STATE: New York	COUNTY: Tioga			
SITE LOCATION: Building B102 A Column F-1					
BUILDING SIZE: 5000	NUM OF FLOORS: 3				
PRESENT USE: Other		PRIOR USE: Other			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD. IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: TEM & PLM analysis of all suspect materials.					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:					
1. REGULATED ACM TO BE REMOVED	RACM TO BE REMOVED	NON-FRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW	
2. CATEGORY I ACM NOT REMOVED		CAT I	CAT II		
3. CATEGORY II ACM NOT REMOVED				UNIT	
PIPES				LNFT:	LN M:
SURFACE AREA	X			SQFT: 782	SQ M:
VOL RACM OFF FACILITY COMPONENT				CUFT:	CU M:
VIII. SCHEDULED DATES FOR ASBESTOS REMOVAL (MM/DD/YY)				START: 10/24/16 COMPLETE: 10/31/16	
IX. SCHEDULED DATES FOR DEMO/RENOVATION (MM/DD/YY)				START: N/A COMPLETE: N/A	

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NOTIFICATION OF DEMOLITION AND RENOVATION

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

This work to be under separate contract.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

In Accordance with NYS ICR 56 applicable variance. Wet and Manual Methods.

XII. WASTE TRANSPORTER #1:

NAME: Sunstream Corporation

ADDRESS: 6 Spring Forest Avenue

CITY: Binghamton

STATE: NY

ZIP: 13905

CONTACT:

TEL: 607-724-4400

WASTE TRANSPORTER #2:

NAME: Unknown at present

ADDRESS:

CITY:

STATE:

ZIP:

XIII. WASTE DISPOSAL SITE:

NAME: Alliance Sanitary Landfill

LOCATION: 398 S. Keyser Avenue

CITY: Taylor

STATE: PA

ZIP: 18517

TELEPHONE: (570) 562-1600

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY TO AGENCY BELOW:

N/A

NAME:

TITLE:

AUTHORITY:

DATE OF ORDER:

DATE ORDERED TO BEGIN (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

DATE AND HOUR OF EMERGENCY (MM/DD/YY):

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:

EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.

Wetting of material, immediate containment and cleanup of material.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION).

(SIGNATURE OF OWNER/OPERATOR)

10/17/16

(DATE)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(SIGNATURE OF OWNER/OPERATOR)

10/17/16

(DATE)

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R9	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): R				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: NYCMTA				
Address: 2 Broadway				
City: New York	State: NY		Zip: 10004	
Contact Name: Brian McLean			Telephone: (646) 252-3540	
REMOVAL CONTRACTOR: COASTAL Environmental Group, Inc.				
Address: 264 Sills Road, Suite A				
City: East Patchogue	Zip: NY		Zip: 11772	
Contact Name: Richard C. Silva, Jr., Project Manager			Telephone: 631-299-3524	
OTHER CONTRACTOR:				
Address:				
City:	State:		Zip:	
Contact Name:			Telephone:	
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Roosevelt Avenue Station				
Address: Roosevelt Avenue & 74th Street				
City: Jackson Heights	State: NY		County: Queens	
Site Location: Tracks D1, D2, D3, D4, Relay Rooms & Signal Tower				
Building Size: 100,000	# of Floors:		Age In Years: 50 years +	
Present Use: Train Station	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	14,799			
Pipes				Ln Ft: X Ln M:
Surface Area – Square Feet	2,994			Sq Ft: X Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start Date: 9/17/2016		Complete Date: 10/23/2016
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT, System Wide Variance# SWV 16-0384

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: COASTAL Environmental Group, Inc.

Address: 264 Sills Road Suite A

City: East Patchogue

State: NY

Zip: 11772

Contact Name: Robert Engel

Telephone: 631-234-4100

WASTE TRANSPORTER #2

Name: Tri-State Transfer Associates

Address: 1199 Randall Avenue

City: Bronx

State: NY

Zip: 10474

Contact Name: Jamie Byrne Baranoff

Telephone: 718-617-0771

WASTE DISPOSAL SITE (#1 or #2)

Name: Minerva Enterprises

Location: 9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

Date

I certify that the above information is correct.

Signature of Owner/Operator

Date